

ISSUE SLIP STAPLE AREA (for additional cross references)

105-0-1
9-12-0

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|----------|--------|---------|
| FEE DETERMINATION | | | |
| O.I.P.E. CLASSIFIER | | | |
| FORMALITY REVIEW | BT | 59 | 10/5/10 |
| RESPONSE FORMALITY REVIEW | | | |

BEST AVAILABLE COPY

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral) Canceled A Appeal
 ÷ Restricted O Objected

| Claim | Date |
|----------|------|
| Final | |
| Original | |
| 1 ✓ | |
| 2 ✓ | |
| 3 N | |
| 4 | |
| 5 | |
| 6 | |
| 7 | |
| 8 | |
| 9 ✓ | |
| 10 ✓ | |
| 11 N | |
| 12 ✓ | |
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| 16 ✓ | |
| 17 N | |
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| Claim | Date |
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| Final | |
| Original | |
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| Claim | Date |
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| 150 ✓ | |

If more than 150 claims or 10 actions
staple additional sheet here